SERIAL NO. FILING DATE MULTIPLE DE. NDENT CLAIM FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) **CLAIMS AFTER AFTER AFTER** AFTER **AS FILED AS FILED** 1"AMENDMENT 2 [™] AMENDMENT I" AMENDMENT 2 AMENDMENT IND. IND. DEP. DEP. IND. DEP. IND. DEP. IND. IND. DEP. DEP. TOTAL IND TOTAL IND TOTAL DE TOTAL DEP TOTAL TOTAL CLAIMS CLAIMS U.S. DEPARTMENT of COMMERCE PTO - 1340 (REV. 11/04)

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